

SEP 12 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF BIRTH

County DuchananRegistration District No. 85Township St. JosephPrimary Registration District No. 091City St. Joseph(No. Missouri Methodist Hospital)File No. 28397Registered No. 981

Ward

2. FULL NAME Daniel Parker

(a) Residence, No. _____

St. _____

Ward. Salatin Missouri

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Lillie V. Parker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 23 - 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Darwin Co. Missouri

MOTHER FATHER

13. NAME

James M. Parker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown Tennessee

15. MAIDEN NAME

Elizabeth T. Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Darwin Co. Kentucky

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

Salatin Mo. Aug 21 1934

19. UNDERTAKER (ADDRESS)

20. FILED Aug 20 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 193422. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1934, to _____, 19____

I last saw _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Date of onset

Other contributory causes of importance:

Two cars ran togetherName of operation none

Date of _____

What test confirmed diagnosis? Phy ExWas there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 8/19, 1934Where did injury occur? Darwin Co.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public PlaceManner of injury Collision of two autosNature of injury fractured skull24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Joseph Thomas(Address) 731. Aaron

